

**MULTIPLE DEPEND. CLAIM**  
**FEE CALCULATION SHEET**  
 (FOR USE WITH FORM PTO-875)

SERIAL NO.

10/51.8600

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		2					53						
4		6					54						
5		6					55						
6		6					56						
7		6					57						
8		6					58						
9		6					59						
10		6					60						
11		6					61						
12		6					62						
13		6					63						
14		6					64						
15		6					65						
16		6					66						
17		1					67						
18		6					68						
19		6					69						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1	↓		↓		↓	TOTAL IND.	↓		↓		↓	
TOTAL DEP.	22	←		←		←	TOTAL DEP.	←		←		←	
TOTAL CLAIMS	23						TOTAL CLAIMS						